

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580529

FILING DATE

5-24-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2					
4	3					
5	1					
6	0					
7	1					
8	0					
9	1					
10	0					
11	0					
12						
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50						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.			←		↓	
TOTAL CLAIMS			12			